



STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



The license for your child day care center, group day care home or family day care home is due to expire shortly. The licensing fee for your child day care center or group day care home is due sixty (60) days prior to the expiration of your license along with this Fee Invoice Form in order to renew the license. The licensing fee for your family day care home is due prior to the expiration date of your license along with this Fee Invoice Form. **THE FEE IS NON-REFUNDABLE** and the license to operate a child day center, group day care home or family day care home is valid for four (4) years.

Please complete items 1 through 12 of this form. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT**. Mail this form along with your payment to the *Connecticut Office of Early Childhood at the address on the bottom of this form.*

1. Name of Licensee: _____
(Legal Operator)
2. Program Name: _____
(Applicable For Group/Center Only)
3. Program Location Address: _____, CT _____
Street Address City/Town Zip Code
4. Program Phone Number: (____) ____ - ____ Program Fax Number: (____) ____ - ____
5. License #: _____ Expiration Date: ____/____/____
6. Mailing Address (if different): _____, CT _____
Street Address City/Town Zip Code
7. Program E-mail Address _____
8. Social Security #: _____ - _____ - _____ Federal Employer ID #: _____ - _____
(3 digits) (2 digits) (4 digits) (2 digits) (7 digits)

9. Proof of Worker's Compensation Insurance: Do you hire employees in your program that require

Worker's Compensation? Yes No If yes, please complete the following:

Name of Insurer _____ Insurance Policy # _____

Effective Dates of Worker's Compensation Coverage ____/____/____ to ____/____/____

IMPORTANT – Please complete the other side of this form

Phone: (860) 509-8045 • Fax: (860) 509-7541

P.O. Box 340308, MS #12CBR

410 Capitol Avenue

Hartford, Connecticut 06134

www.ct.gov/oec

Affirmative Action/Equal Opportunity Employer

10. I have read the Connecticut General Statutes and Regulations of Connecticut State Agencies (Public Health Code) that govern the license I am renewing; for child day care centers/group day care homes, Sections 19a-79-1a through 19a-79-13 and for Family Day Care Homes, Sections 19a-87b-1 through 19a-87b-18.

I will ensure that this program will be operated in compliance with the aforementioned Statutes and Regulations and with any Consent Order executed with the Connecticut Office of Early Childhood or any successor agency.

I understand that failure to grant the agency immediate access to the licensed child day care program, its staff or its records, upon request of the agency shall be grounds for suspension or revocation or the renewal of the license.

As a licensed family day care provider, I certify that all children enrolled in the family day care home have received age-appropriate immunizations in accordance with Section 19a-87b-10(k) of the regulations for the licensure of family day care homes.

I understand that a licensed child day care center or group day care home must notify the Agency within five (5) business days of any personnel changes and within thirty (30) days of a change related to ownership, location, licensed capacity, fee, services or voluntary closing. A licensed family day care home must notify the Connecticut Office of Early Childhood in writing within five (5) working days of any change in circumstances which alters or affects the day care services as previously stated in the application.

I understand that the license is time limited, is subject to review, and that renewal is necessary for continued operation of the child day care center/group day care home or family day care home.

Any false statements made herein are punishable in accordance with Section 53a-157 of the Connecticut General Statutes and may also be grounds for the denial of the license.

All of the above statements contained herein are true and correct to the best of my knowledge and belief.

Signature of Operator or Legal Representative

Printed Name of Operator or Legal Representative Date

11. Payment is for the following type of license: *(check one box below)*

Child Day Care Center (Account #42431)	Group Day Care Home (Account #42431)	Family Day Care Home (Account #42431)
<input type="checkbox"/> 4-year license (relicensure) \$500.00	<input type="checkbox"/> 4-year license (relicensure) \$250.00	<input type="checkbox"/> 4-year license (relicensure) \$40.00

12. Enclosed Check/Money Order: \$ _____ Check #: _____ Check Date: ____/____/____